

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF ALASKA

JUSTIN OLSEN,

Plaintiff,

VS.

ALASKA TEAMSTER-EMPLOYER
WELFARE PLAN and THE BOARD OF
TRUSTEES,

Defendant.

Case No. 4:11-cv-000015 RRB

AFFIDAVIT OF SERVICE

STATE OF ALASKA)
FOURTH JUDICIAL DISTRICT)
)ss.

I, Debi D. Osterby, being first duly sworn, upon oath, depose and state as follows:

1. That I am a citizen of the United States of America and a resident of the Fourth Judicial District, State of Alaska, and at least 18 years of age.

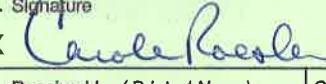
2. That I am employed as a Paralegal at Gazewood & Weiner, P.C. and assigned to assist in the above captioned matter.

3. That I served a true copy of the Complaint and Summons on Rosemarie Kalamarides, registered agent for Alaska Teamster-Employer Welfare Plan, by certified mail bearing article number 7009 2820 0002 3349 4201, return receipt requested, restricted delivery, postage prepaid and addressed as follows:

Rosemarie Kalamarides
Alaska Teamster-Employer Welfare Plan
520 E. 34th Street., Ste 107
Anchorage, AK 99503

**GAZEWOOD &
WEINER, PC**
1008 16th Avenue
Suite 200
Fairbanks, Alaska 99701
Tel.: (907) 452-5196
Fax: (907) 456-7058
info@fairbankslaw.com

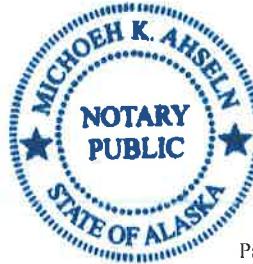
FURTHER YOUR AFFIANT SAYETH NAUGHT.

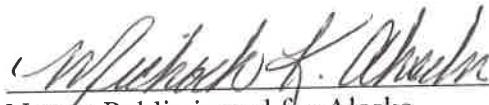
| | | | |
|--|--|---|--|
| SENDER: COMPLETE THIS SECTION | | COMPLETE THIS SECTION ON DELIVERY | |
| <ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. | | <p>A. Signature  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Carole Roesler C. Date of Delivery 10-4-11</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes</p> | |
| <p>1. Article Addressed to:</p> <p><i>Rosemarie Kalamariades Alaska Teamster-Employer Welfare Plan 520 E. 34th St., Ste. 107 Anchorage, AK 99503</i></p> | | <p>7009 2820 0002 3349 4201</p> | |
| 2. Article Number <i>(Transfer from service lab)</i> | | Domestic Return Receipt | |
| PS Form 3811, February 2004 | | 102595-02-M-1540 | |

DATED and SUBMITTED this 6th day of October, 2011, at Fairbanks, Alaska.


Debi D. Osterby

SUBSCRIBED AND SWORN TO before me the undersigned notary public on this 6th day of October, 2011.




Notary Public in and for Alaska
My Commission Expires July 12, 2014

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